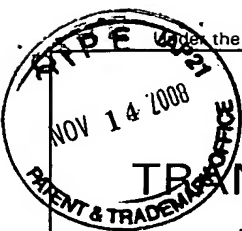


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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/526,003
Confirmation Number	9610
Filing Date	w/effective filing date of August 26, 2003
First Named Inventor	Helmut SEIDLITZ et al.
Group Art Unit	1724
Examiner Name	Joseph W. DRODGE Fax: (571) 273-8300
Total No. of Pages in this Submission: 15	Attorney Docket Number HAFTOM P02AUS

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form . . . . . [2] (in Duplicate)  <input checked="" type="checkbox"/> Fee attached - Check \$810 <input checked="" type="checkbox"/> Response . . . . . [8] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request . . . . [2] (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input checked="" type="checkbox"/> RCE . . . . . [1]	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard Deposit Account Statement . . . . [1]
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## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. BUJOLD DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	November 10, 2008	

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on November 10, 2008 .

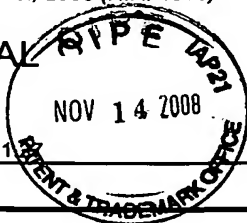
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2008



Complete if Known

Application No.  
Filing Date  
First Named Inventor  
Examiner Name  
Art Unit

10/526,003  
w/effective filing date 08/26/03  
Helmut SEIDLITZ et al.  
Joseph W. DRODGE  
1724

☐ Applicant claims small entity status. See 37 CFR 1.101

TOTAL AMOUNT OF PAYMENT: \$810

Attorney Docket No.

HAFTOM P02AUS

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C

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- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims -20 or HP = Extra Claims x Fee (\$) = Fee Paid (\$)

\$52/\$26

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

Indep. Claims -3 or HP + Extra Claims x Fee (\$) = Fee Paid (\$)

\$220/\$110

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 = Extra Sheets / 50 = No. of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) = Fee Paid (\$)

\$270/\$135

#### 4. OTHER FEE(S)

Request for Continued Examination (LARGE) ..... \$810

#### SUBMITTED BY

Signature

*Michael J. Bujold*

Telephone (603) 226-7490

Name  
(Print/Type)

Michael J. BUJOLD

Registration No.  
(Atty/Agent) 32,018

Date: November 10, 2008



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## Deposit Account Statement

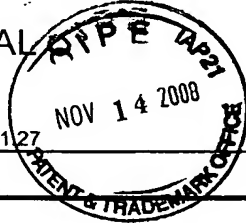
Requested Statement Month: October 2008  
 Deposit Account Number: 040213  
 Name: DAVIS & BUJOLD P.L.L.C.  
 Attention: TRACY A. CLARK/ SALLY RAVANELLE  
 Street Address 1: 112 PLEASANT STREET  
 Street Address 2:  
 City: CONCORD  
 State: NH  
 Zip: 03301  
 Country: UNITED STATES

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
10/06	1	10490396	RTICA P03AUS	2201	\$315.00	\$3,442.00
10/06	2	10490396	RTICA P03AUS	2202	\$50.00	\$3,392.00
10/06	177	29299169		9204	-\$405.00	\$3,797.00
10/07	23	10533108	LORWER P37AUS	2251	\$18.00	\$3,779.00
10/07	104	10947882		9204	-\$30.00	\$3,809.00
10/08	1	10591223	COLGRA P68AUS	2201	\$105.00	\$3,704.00
10/08	2	10591223	COLGRA P68AUS	2202	\$25.00	\$3,679.00
10/08	25	12226076	ZF P167US	1642	\$50.00	\$3,629.00
10/09	49	12287217	ZF P1168US	1311	\$60.00	\$3,569.00
10/10	1	10526003	HAFTOM P02AUS	1253	\$1,020.00	\$2,549.00
10/10	2	10574725	ZAHFRI P844US	1806	\$180.00	\$2,369.00
10/10	76	10621706	THOLAM P205US	1251	-\$120.00	\$2,489.00
10/20	4	11213669	COLGRA P58AUS	2253	\$777.00	\$1,712.00
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10/27	1	11707641	LORWER P43AUS	1251	\$120.00	\$1,962.00
10/31	24887	60984100	THOLAM P375USPR 8007		\$20.00	\$1,942.00
		START	SUM OF	SUM OF	END	
		BALANCE	CHARGES	REPLENISH	BALANCE	
		\$3,757.00	\$2,740.00	\$925.00	\$1,942.00	

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<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <p style="text-align: center; font-size: 1.2em;"><b>FEE TRANSMITTAL</b> <b>For FY 2008</b></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p><b>Complete if Known</b></p>	
<p><b>TOTAL AMOUNT OF PAYMENT: \$810</b></p>		<p>Application No. _____ Filing Date _____ First Named Inventor _____ Examiner Name _____ Art Unit _____</p>	<p>10/526,003 w/effective filing date 08/26/03 Helmut SEIDLITZ et al. Joseph W. DRODGE 1724</p>
<p><b>METHOD OF PAYMENT (check all that apply)</b></p>		<p>Attorney Docket No. <b>HAFTOM P02AUS</b></p>	



**METHOD OF PAYMENT (check all that apply)**

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account      Deposit Account Number 04-0213      Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below      ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17      ☐ Credit any overpayments

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<u>Total Claims</u> -20 or HP =	<u>Extra Claims</u> x	<u>Fee (\$)</u> \$52/\$26 =	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u> Fee (\$)	<u>Fee Paid (\$)</u>
<u>Indep. Claims</u> -3 or HP +	<u>Extra Claims</u> x	<u>Fee (\$)</u> \$220/\$110 =	<u>Fee Paid (\$)</u>		

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<u>Total Sheets</u> -100 =	<u>Extra Sheets</u> / 50 =	<u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x	<u>Fee (\$)</u> \$270/\$135	<u>Fee Paid (\$)</u>
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**4. OTHER FEE(S)**

Request for Continued Examination (LARGE) ..... **\$810**

**SUBMITTED BY**

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. BUJOLD	Registration No. (Atty/Agent) 32,018 Date: November 10, 2008